For Utility/Design CIP/PCT National Original/Substitute/ Supplemental Declarations

Rule 53(b) (37 C.F.R. § 1.53(b)) COMMINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docket No.: <u>00-02</u>

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

MEDICAL INFORM	ATION MANAGEMEN	NT SYSTEM AND	PATIENT INTERFACE A	PPLIANCE		
the specification of which (Check applicable Box(es)): is attached hereto, was filed on: March 21, 2001 as U.S. Appln. No was filed as PCT International Application No. PCT/ was amended on:			09/814,143 on	3		
. I hereby state that I have	reviewed and understand t	he contents of the abornation known to me to	ve identified specification, inclu be material to patentability as of	ding the claims, defined in 37 C.	as amended by any amend F.R. § 1.56.	dment referred to
below any foreign applic	ation for patent or inventor	r's certificate filed by n	oreign application(s) for patent on the or my assignee disclosing the if no priority claimed, before the	subject matter of	claimed in this application	ve also identified and having a filing
Prior Foreign Applicati	on(s)	Filed	Date First Laid Open	Dated Pate	ented or	Priority Claimed
Number(s)	Country	(MM/DD/YY)	or Published	Granted		Yes No
Number(s)	Country	(WINVEDDITT)	OT I abilistica	Granica		
						
I hereby claim the benefi	t under Title 35, United St	ates Code, § 119(e) of	any United States provisional a	pplication(s) list	ed below.	
Number(s)		Filing Date (MM/D	D/YY)			
60/192,071		March 24, 2000				
listed above or below and disclosed in such prior a	d, if this is a continuation-i	n-part (CIP) application the duty to disclose al	f the indicated United States ap on, insofar as the subject matter I information known to me to be ad the national or PCT internation	disclosed and c e material to pate onal filing date o	laimed in this application is entability as defined in 37 of this application:	is in addition to that C.F.R. § 1.56 which
Application Number		Filing Date (MM/DI	D/YY)	Status (paten	ted, pending, abandone	d)
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected						
herewith: Michael W. H		or agents(s) to prosect	ite this application and to transa	ict an ousiness n	i the ratent and Trademan	K Office connected
Address all correspondence to: Michael W. Haas, Intellectual Property Counsel, RESPIRONICS, Inc., 1501 Ardmore Boulevard, Pittsburgh, PA 15221						
(1) Inventor's Signature: Date: 6/39/01						
Full Nam	e: Jianguo SUN			Citizenship:	USA	
Residence			State: California		Country: USA	
Post Office Addres		, Belmont, California				
		,				
(2) Inventor's Signature: Date:						
Full Name: Robert D. CROUCH		Citizenship:	USA			
Residenc	e: City: Monroeville		State: Pennsylvania		Country: USA	
	Post Office Address: 176 Mountainview Drive, Monroeville, Pennsylvania 15146					

U.S. Patent Appln. No. 09/814.143
Attorney Docket No.: 00-02
Title: Medical Information Management System and Patient Interface Appliance

(3) Inventor's Signature:		Date:
Full Name: Eugene N. SCARBERRY		Citizenship: USA
Residence: City: Trafford	State: Pennsylvania	Country: USA
Post Office Address: 208 Terrace Court Road, Trafford, Pennsy		Country. USA
(4) Inventor's Signature:		Date:
Full Name: William J. KAIGLER		Citizenship: USA
Residence: City: North Huntingdon	State: Pennsylvania	Country: USA
Post Office Address: 711 Altman Street, North Huntingdon, Pe	nnsylvania 15642	
(5) Inventor's Signature:		Date: / 6/30/01
(5) Inventor's Signature: 5. Tuesshay		
Full Name: Julia TVERSKAYA		Citizenship: USA
Residence: City: Palo Alto Post Office Address: 474 West Charleston Road, Palo Alto, Cal	State: California	Country: USA
	MOTINA 74300	Du / High
(6) Inventor's Signature:	>-	Date: / 5/18/200/
Full Name: Kenny Chitai HUANG Residence: City: Sunnyvale	States California	Citizenship: USA
Post Office Address: 731 Timberpine Avenue, Sunnyvale, Calif	State: California	Country: USA
(7) Inventor's Signature:	Oma 94000	Date:
the transfer of the transfer o		03/18/2001
Full Name: Andrew KWOK		Citizenship: -USA CANADA
Residence: City: Freemont	State: California	Country: USA
Post Office Address: 43622 Skye Road, Freemont, California 9	4539	
(8) Inventor's Signature:		Date:
Full Name:		Citizenship:
Residence: City:	State:	Country:
Post Office Address:	<u> </u>	
(9) Inventor's Signature:		Date:
Full Name:		Citizenship:
Residence: City:	State:	Country:
Post Office Address:		

For Utility/DesignO CIP/PCT National Original/Substitute/ Supplemental Declarations

Rule 53(b) (37 C.F.R. § 1.53(b)) CO BINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION THE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docke No.: <u>00-02</u>

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

matter which is claim	and for writer a pa	cht is sought on the inventor	renates.				
MEDICAL INFOR	MATION MANAC	EMENT SYSTEM AND	PATIENT INTERFACE	APPLIANCE			
the specification of wh	sich (Chaok applicabl	a Roy(as)):					
	hed hereto,	e box(es)).					
🔯 was file	ed on: March 21,	2001	as U.S. Appln. No	o.: 09/814,143	3		
	ed as PCT Internation	al Application No. PCT/	<u> </u>	on	·		
☐ was am	ended on:						
I hereby state that I ha	ve reviewed and unde	erstand the contents of the abo	ve identified specification, inc	uding the claims.	as amended by any am	endment refer	red to
			o be material to patentability as				
I hambu alaim forsion	neioeitu hanafita und	- 25 II C C 110/265 of one f	oreign application(s) for patent	or inventor's seri	ificata listed below and	1 1 1	
below any foreign app	lication for patent or	inventor's certificate filed by	me or my assignee disclosing the	e subject matter	claimed in this applicati	nave also iden on and having	uned a filing
date (1) before that of	the application on wh	ich priority is claimed, or (2)	if no priority claimed, before the	ne filing date of th	nis application.		
Dia Casian Anntis	-4:(-)	Filed	Data First Laid Ones	Dotted Date		15	
Prior Foreign Application Number(s)	Country	Filed (MM/DD/YY)	Date First Laid Open or Published	Dated Pate Granted	nted or	Priority (
(Variber(3)	Country	(IVIIVI/DD/11)	Of Fubilished	Granted		Yes 🗆	No.
							_=
I hereby claim the bene	efit under Title 35, U	nited States Code, § 119(e) of	any United States provisional	application(s) list	ed below.		
Number(s)		Filing Date (MM/D	D/YY)	<u> </u>			
60/192,071		March 24, 2000	<i>5.111</i>				
_							
			of the indicated United States ap				
listed above or below a	and, if this is a conting	uation-in-part (CIP) applicati	on, insofar as the subject matte I information known to me to b	r disclosed and cl	aimed in this application	on is in addition	n to that
			nd the national or PCT internati			07 C.F.K. 9 1.3	o winch
Application Number	·	Filing Date (MM/D	D/YY)	Status (patent	ed, pending, abandor	ned)	
I hereby declare that al	Il statements made he	rein of my own knowledge are	true and that all statements ma	de on information	n and belief are believe	d to be true; ar	nd further
that these statements w	vere made with the kn	owledge that willful false stat	ements and the like so made an	punishable by fi	ne or imprisonment, or	both, under Se	ection
1001 of Title 18 of the	United States Code a	and that such willful false state	ements may jeopardize the valid	lity of the applica	ation or any patent issue	ed thereon.	
And I hereby appoint t	he following attorney	(s) and/or agents(s) to prosect	ite this application and to trans	act all business in	the Patent and Tradem	ark Office con	nected
herewith: Michael W						ark Office con	incered
					, · · ·		
Address all correspond	lence to: Michael W.	Haas, Intellectual Property Co	ounsel, RESPIRONICS, Inc., 1	501 Ardmore Bou	levard, Pittsburgh, PA	15221	
(1) Inventor's Signatu	re:			Date:			
Full Na	me: Jianguo SUN		·	Citizenship:	China		
Resider		ont	State: California	Ciazonsinp.	Country: USA		
Post Office Addr	ess: 101 Frog Valle	ey Lane, Belmont, California	94002				
(2) Inventor's Signatu	re:			Date:			
Full Na	me: Robert D. CR	OUCH		Citizenship:	USA		
Resider			State: Pennsylvania	Citizansinp.	Country: USA		
Post Office Addr		view Drive, Monroeville, Pen					

U.S. Patent Appln. No. 09/814.143
Attorney Docket No.: 00-02
Title: Medical Information Management System and Patient Interface Appliance

(3) Inventor's Signature:		Date:
Full Name: Eugene N. SCARBERRY	1	Citizenship: USA
Residence: City: Trafford	State: Pennsylvania	Country: USA
Post Office Address: 208 Terrace Court Road, Trafford, Pe		Journal Con
(4) Inventor's Signature: / White . The	1/	Date: / 9/17/2001
Full Name: William J. KAIGLER		Citizenship: USA
Residence: City: North Huntingdon	State: Pennsylvania	Country: USA
Post Office Address: 711 Altman Street, North Huntingdor	n, Pennsylvania 15642	
<u></u>		
(5) Inventor's Signature:		Date:
Full Name: Julia TVERSKAYA		Citizenship: USA
Residence: City: Palo Alto	State: California	Country: USA
Post Office Address: 474 West Charleston Road, Palo Alto	, California 94306	
(6) Inventor's Signature:		Date:
(0) Inventor's Signature.		Date:
Full Name: Kenny Chitai HUANG		Citizenship: USA
Residence: City: Sunnyvale	State: California	Country: USA
Post Office Address: 731 Timberpine Avenue, Sunnyvale,	California 94086	
(7) Inventor's Signature:		Date:
Full Name: Andrew KWOK		Citizenship: USA
Residence: City: Freemont	State: California	Country: USA
Post Office Address: 43622 Skye Road, Freemont, Californ	nia 94539	
(8) Inventor's Signature:		Date:
Full Name:		Citizenship:
Residence: City:	State:	Country:
Post Office Address:		
(9) Inventor's Signature:		Date:
Full Name:		Citizenship:
Residence: City:	State:	Country:
Post Office Address:		

For Utility/Design CIP/PCT National Original/Substitute Supplemental Declarations

Rule 53(b) (37 C.F.R. § 1.53(b)) COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION WHE UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docket No.: <u>00-02</u>

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

MEDICAL INFORM	MATION MANAGE	MENT SYSTEM AND	PATIENT INTERFACE A	PPLIANCE			
the specification of whi is attach was filed was filed was ame	ed hereto, I on: <u>March 21, 20</u> I as PCT International		as U.S. Appln. No.:	09/814,143 on			
above. I acknowledge t I hereby claim foreign p below any foreign appli	he duty to disclose all priority benefits under cation for patent or in	information known to me to 35 U.S.C. 119/365 of any foventor's certificate filed by m	be material to patentability as done oreign application(s) for patent o	r inventor's certificate listed below a subject matter claimed in this appli	and have also iden	tified	
		l en i	15:5:5:5	72			
Prior Foreign Applicat		Filed	Date First Laid Open	Dated Patented or	Priority C		
Number(s)	Country	(MM/DD/YY)	or Published	Granted	Yes	<u>No</u>	
	1						
I hereby claim the benef	fit under Title 35, Uni	ted States Code, § 119(e) of	any United States provisional ap	oplication(s) listed below.			
Number(s)		Filing Date (MM/D	D/YY)				
60/192,071		March 24, 2000					
became available betwee	en the filing date of ea	reage the duty to discrose an ach such prior application an	d the national or PCT internation	material to patentability as defined nal filing date of this application:		6 which	
Application Number		Filing Date (WWWD)	5/11)	Status (patented, pending, abar	idoned)		
that these statements we 1001 of Title 18 of the U And I hereby appoint the herewith: Michael W.	ere made with the kno United States Code an e following attorney(s Haas, Reg. No. 35,174	wledge that willful false state d that such willful false state) and/or agents(s) to prosecu 4	ements and the like so made are ements may jeopardize the validi te this application and to transac	te on information and belief are belief punishable by fine or imprisonment by of the application or any patent at all business in the Patent and Tracella Ardmore Boulevard, Pittsburgh,	, or both, under Se issued thereon. demark Office con	ection	
(1) Inventor's Signature: Date:							
Full Name: Jianguo SUN			Citizenship: China				
	Residence: City: Belmont State: California				Country: USA		
Post Office Addres		Lane, Belmont, California		Country. Cont			
(2) Inventor's Signature	Holen	Dasu		Date: Abil	7,200/	,	
Full Nan				Citizenship: / USA			
Residence			State: Pennsylvania	Country: USA			
Post Office Addres	ss: 176 Mountainvi	ew Drive, Monroeville, Penr	nsylvania 15146				

U.S. Patent Appln. No. <u>09/814,143</u>
Attorney Docket No.: <u>00-02</u>
Title: <u>Medical Information Management System and Patient Interface Appliance</u>

	· · · · · · · · · · · · · · · · · · ·		T		
(3) Inventor's Signature:			Date:		
Full Name:	Eugene N. SCARBERRY		Citizenship:	USA	
Residence:		State: Pennsylvania		Country:	USA
Post Office Address:	208 Terrace Court Road, Trafford, Pennsy			-	
(4) Inventor's Signature:			Date:		
Full Name:	William J. KAIGLER		Citizenship:	USA	
Residence:	City: North Huntingdon	State: Pennsylvania		Country:	USA
Post Office Address:	711 Altman Street, North Huntingdon, Per	nnsylvania 15642			
(6) Leave 2 6:			T		
(5) Inventor's Signature:			Date:		
Full Name:	Julia TVERSKAYA		Citizenship:	USA	
Residence:	City: Palo Alto	State: California		Country:	USA
Post Office Address:	474 West Charleston Road, Palo Alto, Cal	ifornia 94306			
(6) Inventor's Signature:			Date:		-
Full Name:	Kenny Chitai HUANG		Citizenship:	USA	
Residence:	City: Sunnyvale	State: California	Citizenship:	Country:	, , , , , , , , , , , , , , , , , , ,
Post Office Address:	731 Timberpine Avenue, Sunnyvale, Calif			Country:	USA
(7) Inventor's Signature:			Date:		
Full Name:	Andrew KWOK		Citizenship:	USA	
Residence:		State: California		Country:	USA
Post Office Address:	43622 Skye Road, Freemont, California 94	1539			
					
(8) Inventor's Signature:			Date:		
Full Name:			Citizenship:		
Residence:	City:	State:		Country:	
Post Office Address:				_	
(9) Inventor's Signature:			Date:		
Full Name:			Citizenship:		
Residence:	City:	State:		Country:	
Post Office Address:					

For Utility/Design CIP/PCT Nationa Original/Substitute Supplemental Declarations

Rule 53(b) (37 C.F.R. § 1.53(b)) MISINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION E UNITED STATES PATENT AND TRADEMARK OFFICE

Atty. Docket No.: 00-02

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

MEDICAL INFORMATIO	N MANAGEMEI	NT SYSTEM AND I	PATIENT INTERFACE A	PPLIANCE		
the specification of which (Che	to, March 21, 2001		as U.S. Appin. No.:	09/814,143		
 was filed as PC was amended or	Γ International Appl	ication No. PCT/		on		
was amended of	1:		· · · · · · · · · · · · · · · · · · ·	_		
I hereby state that I have review above. I acknowledge the duty				ding the claims, as amended by an lefined in 37 C.F.R. § 1.56.	y amendment referred to	
I hereby claim foreign priority	benefits under 35 U.	S.C. 119/365 of any for	eign application(s) for patent o	r inventor's certificate listed below	and have also identified	
below any foreign application i	or patent or inventor	r's certificate filed by me	e or my assignee disclosing the	subject matter claimed in this app	lication and having a filing	
date (1) before that of the appli	cation on which pric	ority is claimed, or (2) if	no priority claimed, before the	filing date of this application.		
Prior Foreign Application(s)		Filed	Date First Laid Open	Dated Patented or	Priority Claimed	
	ntry	(MM/DD/YY)	or Published	Granted	Yes No	
				.1		
I hereby claim the benefit unde	- Title 25 Heitad St	atas Cada & 110(a) afa	ny United States provisional an	mlication(a) listed below	,	
i necesy claim the benefit unde	i ilue 33, Ollited St	ales Code, § 119(e) of a	ny Onico States provisional ap	prication(s) listed below.		
Number(s)		Filing Date (MM/DD	/YY)			
60/192,071		March 24, 2000				
became available between the f	ions, I acknowledge iling date of each su	ch prior application and	the national or PCT internation	material to patentability as defined nal filing date of this application:		
Application Number		Filing Date (MM/DD	/YY)	Status (patented, pending, aba	ndoned)	
				,		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. And I hereby appoint the following attorney(s) and/or agents(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith: Michael W. Haas, Reg. No. 35,174						
Address all correspondence to:	Michael W. Haas, I	ntellectual Property Cou	insel, RESPIRONICS, Inc., 150	11 Ardmore Boulevard, Pittsburgh,		
					PA 15221	
(1) Inventor's Signature:				Date:	PA 15221	
Full Name: Ji	anguo SUN			Citizenship: China		
Full Name: Ji Residence: C	ity: Belmont		State: California			
Full Name: Ji Residence: C	ity: Belmont	S Belmont, California 94	State: California	Citizenship: China		
Full Name: Ji Residence: C	ity: Belmont		State: California	Citizenship: China		
Full Name: Ji Residence: C Post Office Address: 10 (2) Inventor's Signature: Full Name: Residence: Residence: Discourse Signature: Residence:	ity: Belmont 11 Frog Valley Lane, obert D. CROUCH		State: California	Citizenship: China Country: USA		
Full Name: Ji Residence: C Post Office Address: 10 (2) Inventor's Signature: Full Name: Residence: C	ity: Belmont DI Frog Valley Lane, obert D. CROUCH	Belmont, California 94	State: California 1002	Citizenship: China Country: USA		

U.S. Patent Appln. No. 09/814.143
Attorney Docket No.: 00-02
Title: Medical Information Management System and Patient Interface Appliance

(3) Inventor's Signature:	M Scarber	Date:	4/14/2001
Full Name: Eugene N. SCAR	BERRY	Citizenship:	USA
Residence: City: Trafford		Pennsylvania	Country: USA
Post Office Address: 208 Terrace Court	Road, Trafford, Pennsylvania 15085	5	
	-		
(4) Inventor's Signature:		Date:	
Full Name: William J. KAIGL		Citizenship:	USA
Residence: City: North Hu		Pennsylvania	Country: USA
Post Office Address: 711 Altman Street	, North Huntingdon, Pennsylvania 1:	5642	
(5) Inventor's Signature:		Date:	
Full Name: Julia TVERSKAY		Citizenship:	USA
Residence: City: Palo Alto		California	Country: USA
Post Office Address: 474 West Charlest	on Road, Palo Alto, California 9430	6	
(6) Inventor's Signature:			
		Date:	
Full Name: Kenny Chitai HUA Residence: City: Sunnyvale		Citizenship:	USA
	venue, Sunnyvale, California 94086	California	Country: USA
Fost Office Address. 731 Thilberplife A	venue, Sumiyvaie, Camornia 94080	****	
(7) Inventor's Signature:		Date:	
Full Name: Andrew KWOK		Citizenship:	USA
Residence: City: Freemont		California	Country: USA
Post Office Address: 43622 Skye Road,	Freemont, California 94539		
(8) Inventor's Signature:		Date:	
Full Name:		Citizenship:	
Residence: City:	State:		Country:
Post Office Address:	<u> </u>		
(9) Inventor's Signature:		Date:	
Full Name:		Citizenship:	
Residence: City:	State:		Country:
Post Office Address:			